

VIRGINIA RISK-CONTROL INSTITUTE
Application For Enrollment
To register: Complete Form and Fax to 804-786-8840

I would like to apply for acceptance into the VRCI Spring, 2015 section.

_____ RM-4: Benchmarking & Best Practices in Risk Management
March 18 & 19; April 8 & 9; May 6 & 7; June 3 & 4

Applicant's Name: _____

Job Title: _____ Work Phone: _____

Fax: _____ Email Address: _____

Agency: _____

Mail Address: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5+

If you did not complete high school, do you have an earned high school equivalency diploma (GED)?

___ **Yes** ___ **No**

Number of employees in the agency or division for whom you are responsible for safety, workers' compensation, and/or risk management? _____

Percentage of time spent involved with safety? _____% workers' compensation _____%, risk management _____%

Is your agency/institution insured by DHRM's Workers' Compensation Services? Yes No

Is your agency/institution insured by the Division of Risk Management? Yes No

If so, what insurance does your organization buy from DHRM/OWC or TRS/DRM?

Briefly state how you and your agency/local government will benefit from this class:

I understand that I cannot miss any classes and that this is a college level class requiring considerable personal study and project time.

Applicant's Signature _____ Date _____

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisor's Signature _____ Date _____

Supervisor's Name (please print) _____

Supervisor's email address _____